ALABAMA MEDICAID AGENCY
Medical Care Advisory Committee Meeting
Wednesday, April 1, 2009

Commissioner Carol Steckel called the meeting to order at approximately 1:30 p.m. in the Medicaid Boardroom.

Members Present
Carol Steckel, Alabama Medicaid Agency
Cary Kuhlmann, Medical Association of the State of Alabama
Tom Miller (Dr. Don Williamson), Alabama Department of Public Health
Jim Carnes (Anna Blair), Alabama Arise
Irene Collins, Commissioner Alabama Department of Senior Services (via telephone)
Mary Finch, Alabama Primary Health Care Association
Mike Horsley, Alabama Hospital Association
Melinda Davis (Cary Boswell), Alabama Department of Rehabilitation
Terri Reed (Nancy Buckner), Alabama Department of Human Resources
Pattisue Carranza, Alabama Pharmacy Association (via telephone)
Joe Decker, Alabama State Nurses Association
Katrina Magdon (Louis Cottrell), Nursing Home Association (via telephone)
Marsh Raulerson, MD, Medical Association of the State of Alabama
A.Z. Holloway, MD, FAAP, Alabama Chapter-American Academy of Pediatrics (via telephone)
Richard Powers, MD, (Commissioner John Houston) AlabamaDepartment of Mental Health and Mental Retardation

Members Absent
Roosevelt McCorvey, MD
Wilburn Smith, Jr., MD
Louise Jones
Commissioner Cary Boswell
Commissioner Nancy Buckner
J. A. Powell, MD
Linda Lee
Commissioner John Houston
Holly Midgley
Dr. Don Williamson

Others in Attendance
Angela Williams
Kim Davis-Allen
Bill Butler
Paige Clark
Kelli Littlejohn, Pharm D
Kathy Hall
Terry Bryant
Lee Rawlinson
Gretel Felton
Nancy Headley
Mattie Jackson

Opening Remarks

Commissioner Steckel expressed appreciation for those present and participating in via webcast. Webcast technology provides the opportunity to participate in meetings without having to travel as much to the site. She expressed her sincere gratitude to the Medical Care Advisory Committee and the other committees that each serve on. She expressed how the Agency does an extraordinary job of opening up the Agency to both, the people we serve, the people they represent, the constituents and providers that we finance healthcare for. The meeting proceeded according to the printed agenda.

Budget Update:

Terry Bryant reported that the Agency submitted a general fund budget request to the Finance Department for fiscal year 2010 in the amount of $701m which is a $78m increase over the amount for FY 09. During this time, the American Recovery Reinvestment Act (Stimulus Package) passed with an enhanced FMAP of 6.2% across the board that also includes an unemployment factor. Currently, for the first three quarters of this fiscal year, the Agency received an 8.66% increase over the Agency's regular FMAP. Because of reporting requirements and tracking purposes, the Stimulus money is in separate accounts. The budget that came from administration fully funds Medicaid at the current level.

The Stimulus Package has a provision in it for prompt payment which states that all "clean claims," claims with no problems, must pay 90% within 30 days and 99% within 90 days. In September, the Agency ran short of funds and could not pay nursing homes in the month of September. On October 3, when the Agency received its fiscal year 2009 funds, nursing homes claims for September were paid. The nursing homes had to be paid because of the prompt payment provision, so the budget office filled the hole. The FMAP/Stimulus funds are retro to October 1, 2008 and covers 27 months. The Commissioner stated that the administration's strategy will be to move some of its general fund money out of Medicaid to fund other agencies. However, Medicaid is fully funded for 2010. She explained that the Governor is trying to lessen the cliff for 2011 as much as possible. The Governor is trying to map out a strategy that rolls some of the money over that 27 month period in such a way we are not creating a horrible problem for the Governor in 2011.

Jim Carnes asked about the 1800 account for all state agencies/departments. Mr. Bryant stated that Medicaid has an 1800account. Commissioner Steckel explained that when the Governor issued his order for each agency to reduce their budget amount by 10%, Medicaid reviewed its administrative budget for is federally mandated programs; therefore, we decided to suspend purchasing new cars, new furniture, or new equipment. Also, the Agency had an estimate in the budget for the Camilla II project at a higher rate resulting in a budget reduction. These types of administrative changes saved the state 6% or $6.7m and that savings will go into the 1800 account. According to my understanding, what other agencies will have to do if they get an increase in their budgets because of the FMAP/Stimulus funds that stimulus money would go into the 1800 budget line item. Mr. Carnes asked if the Governor has received clearance from the federal government to create the 1800 accounts, the Commissioner stated that guidance is being sort from the Washington attorneys on this issue.

Dr. Raulerson inquired about the care of the uninsured. Part of the Economic Stimulus packet is to ensure care for the uninsured because that number is increasing. Alabama traditionally has the lowest pay rate for uninsured, especially adults. Based on the poverty level of each state, the number is going to get larger and therefore, hospitals and Medicaid providers will have more uninsured recipients to provide uncompensated care for.

Dr. Raulerson suggests part of the stimulus packet be used to increase the number of people covered by Medicaid to become closer to the national median. Dr. Raulerson went on record by motioning that Medicaid increase coverage of pregnant women up to 200 percent of the FPL and that the ADPH and Medicaid work together to develop a plan for covering the shocking number of women in our state, that do not get adequate prenatal care and accounts for the highest percentage rate of infant mortality. The motion is second by Cary Kulhman and carried by the Committee. Commissioner Collins stated that the ADSS has about 4,000 plus seniors on their waiting list for their Medicaid Waiver program and to keep in mind that there are other areas in great demand for money. Commissioner Steckel said that there would be no increase in service or an expansion of the program at this time. The ADPH and Medicaid are already working together on the issues or the unborn illegal immigrants, inter-pregnancy components of the infant mortality rate, and women that are not currently covered. The Agency is working with the health department and maternity providers on how we can better improve the Maternity Care program. Commissioner Steckel stated that if the Agency were to start spending the stimulus money on expanding the program, in 2011 the Agency will have zero dollars to fund the expansion. The Commissioner reiterated that she is a big supporter of what each agency wants to do, but the stimulus money is not going to be funded as everyone thinks it is and there are other state programs that the General fund is finally going to be able to fund had we not received the stimulus money.

Mary Finch inquired about the discussion between ADPH and Medicaid concerning the reconstruction of the current level of funding for the maternity care and prenatal care programs and indicated taking what we are spending now and giving the funds to the health department that would actually increase eligibility. The Commissioner said that was the program for the prenatal care for the unborn child that if we move the emergency services money that we currently pay for delivery services over to the health department under SCHIP and SCHIP would cover the unborn child. But ironically, you have Republicans and Democrats in the legislature that will not pass the legislation under any circumstances. This issue has been mentioned at several meetings, but politics voted it down. Dr. Tom Miller stated that the ADPH is very supportive of the prenatal service emergency money and that this is a politically charged issue.

Jim Carnes voiced his concerns about the stimulus money expiring in 27 months. He believes the Governor is going in another direction by asking now for less money for Medicaid to supplant the general fund budget with the stimulus money; therefore, leaving Medicaid at the end of the 27 months having to ask for funds from a shrunken General Fund Budget and creating an even bigger deficit Commissioner Steckel responded that the Governor is looking at the state as a whole. Mr. Mike Horsley expressed that the full version of funding the general fund for the year 2011 is going to fall on the Medicaid Agency because other agencies will be maintained through the extra amount of money given Medicaid and it should be money out of the general fund

and that. Medicaid will be covering other agencies' budgets. He and other health care professions are concerned that Medicaid will be standing alone trying to find funds. The Commissioner stated that she will take these concerns under advice and that she appreciated the committee's comments and assured the committee that the Agency is working on some of the issues with the administration, but as of today, the Agency is not increasing its budget amount or expanding the program.

These are critical times. As an example, the Breast and Cervical Cancer's expansion was $700 thousand dollars and the agency had to oppose this Bill because it was an expansion. The administration is trying to balance everyone's budget so the state can get through this downturn in the economy as reasonably intact as possible. The Medicaid Agency was probably the only agency that did not have to take the 10% cut and we are fully funded at what we requested with an anticipated shortfall for 2011.

Commissioner Collins stated that the projections that we are seeing from the federal Government for the 2010 budget has some increases, in ADSS budget and would be true in all the agencies that receive federal funding. So, in spite of all the gloomy things we hear we also have some opportunities after the stimulus money runs out for additional revenues. Commissioner Steckel stated that the President and Congress proposes to have healthcare reform by May and that the Advisory Committee is the only reason that Medicaid is fully funded and the reason why Medicaid is the first budget that's considered for both the Governor and the legislature. Dr. Robert Moon is the lead person focusing on how to improve the program (Maternity Care) because we have to rebid or not have a program.

Commissioner Steckel reported that in South Carolina there is another fund under the department of education component of the stimulus package that comes to Medicaid called "State Stabilization Fund Medical". In this fund, there is pool of discretionary money for the Governor. The South Carolina Governor asked if he could use the discretionary component to pay down past debts and he was told no. Our Governor and the finance department have put $112m of that money into the Medicaid budget because we can't match that stabilization guideline. So, you should see an amendment moving the $112m out of Medicaid's budget into the Department of Corrections or another agency's general fund budgets.

TFQ Update

Kim Davis-Allen reported on Together for Quality (TFQ) which is a $7.6m grant received from CMS about 18 months ago. Basically, there are three components: QX-Agency inoperability which we are presently working with the Department of Senior Services trying to interface some of their systems with sharing data. The Care Managers with ADSS and our staff will be able to electronically share data on the E&D Waiver recipient.

The Agency has a web based compliant agreement system operational. Also, we are working on the administrative side of the audits for the ADSS as well as Medicaid. Hopefully we are able to exchange data through patient records on a longer term bases and share data through the web. We have a component Q4u which is our chronic care management program that will focus on asthma and diabetes. Presently, there are 11 counties participating in the Q4u and 1300 recipients currently enrolled in the

care management program. Q Tool-electronic health record and clinical support tool for physicians. The EHR is web based, basically it retrieves brief information about the patient, we have an arrangement with BCBS to supply claims information on certain payer groups, patient specific information, and providers can enter information as well. The information is then all merged together to return to the providers. There is a Summary Pane which is one of the highlights, where the provider can see some highlights of the patients care, lots of details and history if the provider wants to know what the patient is doing or needs to do. Also, Q tool has the ability to reduce the potential for medical errors and improve clinical effectiveness. E-prescribing became operational this week; therefore, giving physicians the capability of e-prescribing prescriptions. So far we have received great feedbacks.

The Agency has been designated as HIT lead for the state. This sharing of information really works for our providers and for our patients as well. The Agency will be moving along on the project and would like to combine our stakeholder members into one group. APHCA is currently working on their EHR; we want to connect with their records as well. There are other organizations that have uninsured and other payer groups. Our aim is to put all the information into one application and make it open to anybody needing this information, to view Medicaid patients, uninsured and SCHIP.

The Commissioner explained that when we applied for the Medicare EHR grant it was an interesting challenge explaining that we are a Medicaid Agency but we received a Medicare grant. It is the same way with HIT, while the Medicaid Agency will be the coordinator; it is not a Medicaid only product or products, planning or implementation that the Agency is looking at doing. Don't think that it is just Medicaid, but it has to be statewide or region wide, and it has to include all providers. The Agency has ideas, but Medicaid is but one part of that whole and is very excited about the opportunities that the stimulus money is going to provide. The Commissioner reported that the Agency presented its EHR in concept of what we are doing under the Transformation grant to the Health Committees of the House and the Senate. This will be discussed in more details at the Stakeholders meeting scheduled April 8. The meeting will be held at the Agency in the Boardroom and participants can participate in person or via iLinc. Also, she indicated that April 14 at 11:00 we will present to the tool to the Legislative Black Caucus. Commissioner Steckel invited the committee to join the presentation if they are available.

Legislative Update

Commissioner reported that there are four similar budgets in the House and in the Senate. They are the Supplemental budgets for 2009 and 2010. This is an odd year running two years at the same time, but this is how they are moving all of the stimulus money. There have been a couple of minor mandates requests for Medicaid, but nothing major. Commissioner stated that she does know that Medicaid has the strong support of both budget committees.

Ms. Finch inquired about the orthotics and prosthetics mandates, the $1.6m that the administration takes out of the budget for Elderly and Disabled Waiver slot and the legislature always puts back in. The Commissioner responded that the Agency is going to put it back in this year because it is consider an eligibility component and it triggers the maintenance of efforts under the Stimulus Bill, so, you will see the $1.6m;

hopefully very soon go back into the budget. You will also see the fifth name brand drug go back into the budget and the coverage for adult Orthotics and Prosthetics. Mr. Jim Carnes asked if the requirement for the $1.6m mean that you will consider it a part of the budget? Commissioner responded yes, for the next seven months. Also, she stated that we can reduce payments as long as it does not trigger access restrictions but we can't make any changes related to eligibility.

The Commissioner explained that we have seen an expansion of the Breast and Cervical Cancer program. Senator Coleman has a Bill in resolution creating a Long Term Care Continuum Advisory Committee. Her goal is to give Medicaid an opportunity bring all the players together to start talking about how we address the aging population in such a way that we are encouraging community based services without bankrupting Medicaid without having too many empty nursing home beds. The other federal legislation that seems to be taking center stage is Long Term Care Reform and there are a couple of pieces of legislation tied around creating an Independent Long Term Care policy, much like Medicare Part D. The starting price is $50 to $100 a day depending on your ADA disability. The other legislation is where Medicare is taking over the Medicaid component of Long Term Care.

Ms. Finch asked Commissioner if in her role as the NASMD Chair and in her communications with Congress if the Medicaid program has expressed concerns about the Health Care reform, such as the expansion of the capitated rates. To take the national cap to a higher level, does nothing for the patients we serve in Alabama. The Commissioner stated there are two ways of doing this. NASMD will host its Spring meeting next week. Also, they will meet with Congress and the new team at HHS, which hopefully, by Friday they will have a secretary. NASMD's position is you should not impose any unfunded mandates on the states. If you are going to add new services, then you need to fund it. Because NASMD is a coalition of 50 states, there is a separate coalition of states that are being hurt by the matching rate. If you look at the matching rate, Connecticut actually has a matching rate of 10% based on their per capita income, but because of the floor being at 50% they do extremely well unlike Utah, Alabama, New Mexico, and Oklahoma. So, we have a coalition of states actually planning to discuss in Washington, DC. Mary Finch expressed her concerns about Medicaid expansion and about adjusting the caps because there is no additional state funding to keep moving beyond what we can do today. I think that any information we can argue in terms of where the state differentials are for states, that are wealthier states verses those that are not. Reallocating the FMAP is a very lively discussion and one that we have not gotten very far with. She stated that they are having the same conversation as Medicaid with the members of the delegations. Commissioner Steckel suggested doing a listserv for the healthcare reform discussions.

Eligibility Update

Gretel Felton updated the committee on the Long Term Care Partnership Program that became effective on Alabama March 1, 2009. The DRA of 2005 allowed the state to form partnerships with the insurance agencies in each state. The person could become exempt from Medicaid eligibility by purchasing a long term care partnership policy. The Agency partnered with the Department of Insurance. They had to ensure that the partnership policy would be different and that they allow for inflation protection and other requirements for the consumers. Once the recipient enters into a nursing home and if they had purchased the long term care insurance partnership

policy, they would use their policy to pay for their care. After that amount has been exhausted they would apply for Medicaid. Medicaid will disregard the amount of the policy as their assets; they can keep their money while in the nursing home and still receive Medicaid. So, it is a plus to them and for Medicaid because that time spent in the nursing home before they apply for Medicaid, Medicaid would have been paying for their care.

Cary Kuhlman asked if the benefits are paid into the account, Gretel responded that they were because once they apply for Medicaid, the recipient has to show how much has been paid out to that policy and then that's how much the Agency will exclude, even if the recipient enters into the nursing home and all the benefits have not been paid out or if they have a policy paying $2 a day or whatever. However, at the end of the year, if additional funds have been paid out, the Agency will exclude that amount of money too. This policy is reciprocal to other states, if the recipient moves from another state with the policy and applies for nursing home in Alabama, and then the Agency will exclude what they paid in the other state as long as it was under the Long Term Care Partnership Policy Program. There will be some long term care policies sold in the states that want fit the qualifications for long term care partnership policy and so they will not have the same incentives. As of March 1, if a person has a Long Term Care Policy they can trade in that policy for a partnership policy. They may have to pay additional money, but they can transfer that amount to receive the benefits for the Long Term Care Partnership Policy.

Mike Horsley asked if the insurance companies were following the policies. Ms. Felton responded that they had filed all of their administrative amendments to be able to do this. With each Long Term Care Partnership policy, there will be a notice explaining that this is the Long Term Care Partnership Policy. The Agency will have to advise them on their premiums to make sure the partnership explain all of their visits through Medicaid and the eligibility policy and everything is done in conjunction with Medicaid. Their agent will be trained on this new process and will know each type of insurance policy that will qualify. The details are on the Agency's website (www.medicaid.alabama.gov) including a statement from the Insurance Agencies and a link to their site.

Alabama received a grant award from the Robert Wood Johnson Foundation for the purpose of improving enrollment for uninsured children called the Maximizing Enrollment for Kids. The eight states chosen as Maximizing Enrollment grantees include: Alabama, Illinois, Louisiana, Massachusetts, New York, Utah, Virginia, and Wisconsin. Alabama will receive up to $1m for a period of four years. The grant will allow the RWJ foundation project team to review all of our policies, strengthen our system and statistics about eligibility and diagnose the enrollment system. We have already begun working with providers in statistical information and documentation on our enrollment. The team will do a site visit June 3-4. They will be talking with Agency staff, the Department of Public Health and AllKids which we are partnering with. They will help the agencies strengthen their systems, policies and procedures and develop new strategies and approaches to enrollment with Medicaid and SCHIP. The grant awards Allkids as the lead agency, so the funding and the administrative personnel will go through ADPH's budget. ADPH have hired a project director. Medicaid will work with ADPH on a joint grant, in which each department will be able to utilize the funds. For instance, the last grant that the Agency received was used to

develop a web application. Maximizing enrollment is a program that will made Medicaid better at what we are mandated to do. There is a meeting scheduled this week to discuss the number of eligibles. The Agency has not seen a significant increase in total eligibles, but we have started to see a small increase in the number of children because of our adult coverage insurer. As the unemployment rate increases, we will start seeing that numbers increase. The Agency is leaning towards a paperless system. For more information about Maximizing Enrollment for Kids or its grantees, visit www.maxenroll.org .

Through ARRA, 2009, also known as the Economic Stimulus bill, some individuals will receive additional income that must be disregarded when determining eligibility for Medicaid. Those that receive SSI cash benefits, Railroad Retirement benefits and Veteran Disability Compensation or Pension benefits during the months of November and December 2008 or January 2009 will receive a one-time payment of $250. The $25 per week in unemployment benefits also will be disregarded as income. Recipients receiving a tax credit for the lesser of the following amounts: 6.2 percent of earned income or $400 for an individual return or ($800 in the case of a joint return). Additional information may be found on the Agency's website at www.medicaid.alabama.gov. The MLIF income level did not change, it is a smaller amount. It is based on policies in place since 1996 before the board was established. Commissioner stated that if the Agency was to go to 150% of the poverty level and this estimate was done in 2007 it would be in state dollars $78.7m.

Maternity Care Program

Nancy Headley reported that she is the new Director for the Medical Services Division. Ms. Headley gave an update on two projects that the division is recently working on. The first project is the Radiology Management Program. Effective March 2 all outpatients that are requiring elective MRI, MRA, CT, CTA and PET scans require prior authorization. During the period of March 2 up until today, no requests for service were denied. However, effective April 1, claims will be denied if no PA is obtained. Information on how to obtain Prior Authorization with important telephone numbers can be obtained by web portal, which is the best way, by telephone or by fax. The procedure codes that require a prior authorization are listed on our website (www.medicaid.alabama.gov). Commissioner Steckel thanked Mr. Cary Kuhlmann and his members for helping the Agency on this project. Additionally, Ms. Headley gave an update on the Maternity Care Program. The Agency in partnership with the Alabama Department of Public Health and March of Dimes hosted five town hall meetings statewide. After that, all the comments were combined and a Maternity Review Advisory Committee was formed. We met in Montgomery to review the comments that were received and from that the division has developed a working document that contains 26 items that the Agency is reviewing. We know that there are problems in several areas and the Agency is working diligently in getting them solved. Question- When is the next ITB scheduled to go out? Ms. Headley responded we are scheduled to be completed by May and we hope to get it out in June. This is the goal, but there are some changes to be made.

Patient 1st Update

Paige Clark reported that the Patient 1st program currently has 414 thousand plus recipients enrolled; of those 333 thousand plus were children. Ms. Clark answered Dr. Raulerson's question she asked earlier as to why the number of patient 1st

recipients went down this year compared to last year. Ms. Clark explained that we had our Patient 1st advisory to look at the numbers that we had last year and there was a reduction in numbers. Again, this was not necessarily recipients reduced off of Medicaid, but were Patient 1st and we are reviewing if they did fall off Medicaid completely or just Patient 1st and what was the reason for this happening, income change, their certification date etc., anything we could find out information wise and what was the large difference in numbers. These were raw numbers, not an average. Ms. Clark indicated that last year March totals of 340 thousand plus were children of recipients that were less than 21 years of age and again for March of this year. Ms. Clark hopes to have some answers by their next Patient 1st Advisory call scheduled in June.

Another project within the division is In-Home Monitoring Program. Currently we have 462 recipients, which is our highest we had to date; that was an increase from last month of about 30. A lot of the forms have been standardized in the program for the physician to fill out, so that it is the same in every county of the State of Alabama. The only thing the Agency is doing is promotional work where USA has actually given out brochures that are being used by nurses to publicize the program. Additionally, the reenrollment process changed beginning January 1, 2009 we started using case management fees. We had a reenrollment process which began last fall. In October we were reenrolling our providers giving them the opportunity to participate. The case management fees went from nine to three and they are required to enroll in one of those options. This is where the few enrollments were down based on the statistical information. Currently, we have 80 providers that have not reenrolled; we are working with them in getting them reenrolled. April is the last month to reenroll. The Waiver was due to begin in January, but basically those providers who had not reenrolled, we reduced the case management fees and reminded them to go ahead and reenroll; that took place again at the end of the reenrollment process.

The Waiver renewal has been approved. However, the waiver period will change because of the extension we received on the first of the month this year. The waiver will begin today and end March 31, 2011. The next Patient 1st Advisory conference call is scheduled June 11. I will be sending out an email with the contact information for those wishing to join in on the call. Question- What is the option of receiving case management fees for fewer emergency room visits for the patient care? Ms. Clark respond that we have seen the visits go down, and one of the things that we see mostly is our ability to send those recipients better care utilizing the emergency room to care coordination of other sister agencies. So we have seen a big increase in the ability to have someone to go out to the home and contact the recipient to see what the issue is and why they are going to the emergency room and not seeing the PMP. Basically, having that ability we hope to end the numbers. Ms. Finch asked- Where is the opportunity of the shared savings program? APHCA is in the process of using the program what does that look like? Ms. Clark stated that we had our statistician to look at the numbers and we are going through the numbers at this time to get checks prepared to go out to providers; we hope to make a payment in May. Dr. Raulerson asked-Is there any way to compile the provider's profiler or are they related because they cover the same patients? Ms. Clark will talk with Dr. Raulerson one on one about this issue.

Pharmacy Update

Kelli Littlejohn reported that the division had a recent routine PDL quarterly update effective today. The alerts went out last month, all providers should be aware of the changes. Second update is the Comprehensive Neuroscience (CNS) Program. CNS is a company that reviews retrospective pharmacy claims and inappropriate prescribing patterns related to behavioral health medication. The Agency receives reports, as well as Mental Health and the Department of Public Health. Educational letters are sent to the physicians the prescribers of those claims to let them know of the evidence they finalized that are associated with the algorithms. We are making a modification of this program to focus on child utilization and antipsychotics. This movement was brought about as a result of a multi-stakeholder task force brought together and recommended by the Agency's P&T committee. This stakeholders group included child psychiatric specialists, DMMHR, Medicaid Agency Medical directors, AllKids, BCBS, pharmacists and various clinicians throughout the state. The workgroup has thoroughly reviewed the data, which shows that about half had an FDA approved indication. Autism is included in the group. The Agency is going to implement, very soon during this summer, a two phase process of this CNS project by discontinuing adult mailings related to the CNS project, focus on any child under the age of 18 that receives any antipsychotic, the prescriber will receive the educational letter based on evidence based guidelines. The second phase of the project consists of a third party review group called PREST. PREST will be conducting educational telephone calls to prescribers of children ages 0-4 of antipsychotics. These calls are going to be educational in nature, they will not deny coverage, and they are only to discuss some of the evidence base guidelines. The data shows that there is variety of provider specialties that are prescribing these drugs. PREST has child psychiatric specialists that available to answer questions or discuss those guidelines with the Alabama physician. The CNS letters have been modified and the mailings will begin in May of this year. The educational telephone calls will begin in June.

Closing Remarks

Dr. Raulerson reported on the coverage of insurance for recipients of age 21. Children attending college are covered on the parents insurance and even if they are not in school and have a low paying job and can't get insurance they can be on their parents insurance. When the child turns 19 they are immediately dropped from Children's Health Program or Medicaid they are not insurable due to chronic disease, diabetes and mental illness and if they try to apply for insurance they are not eligible. This is the largest number of uninsured and is steadily growing in Alabama. If we went up to 100% of the poverty level that would affect that age group.

Mr. Cary Kuhlmann inquired about the status of an audit being conducted by CMS contractors, Medicaid Integrity Contract (MIC) about looking at overpayments similar to the ones used during the HWT contract. Mr. Lee Maddox responded that the Agency is still developing the contracts and it has not started yet. The Commissioner stated that the Agency has a meeting with the Medicaid Program Integrity group and a conference call with the providers to discuss what it is they are looking to do. Commissioner stated that the Agency will keep the committee updated on the outcome.

There being no further business to discuss, Commissioner Steckel thanked everyone for coming and adjourned the meeting at 3:22 p.m.

Respectfully submitted:

Carol H. Steckel, Commissioner

Angela Williams, Recorder

Attachment:

Alert –Preferred Drug List Update
Alabama Medicaid Eligibility Update- Medicaid Income Limits for 2009, Economic Stimulus Bill Provision
Medical Services Update-Radiology Management Program, Maternity Care Program